

CUSTOMER SERVICE REQUEST FORM

PRIVACY ACT STATEMENT

AUTHORITY TO REQUEST THIS INFORMATION IS DERIVED FROM THE PRIVACY ACT OF 1974 (PL 93-579). COMPLETION OF THIS FORM IS VOLUNTARY. HOWEVER, IF THE MEMBER DOES NOT PROVIDE THE INFORMATION, REQUESTED SERVICE CANNOT BE PROVIDED.

Rank/Rate & Name: _____

SSN: _____ PLR: _____

Command: _____ UIC: _____

Duty Phone: _____ FAX: _____

Signature: _____ Date: _____

Action Requested/Question: (Please Print)

(IF NEEDED, CONTINUE ON REVERSE SIDE/ATTACH ADDITIONAL SHEET)

Action Taken/Answer: (Please Print)

(IF NEEDED, CONTINUE ON REVERSE SIDE/ATTACH ADDITIONAL SHEET)

Action/Answer Provided by:

Phone:

Date: